Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

November 27, 2017

Mr. Richard Wrase, Manager
Hilltop Recovery Residence
94 Westminster Terrace
Bellows Falls, VT 05101

Dear Mr. Wrase:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 1, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PRINTED: 11/14/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0604	A. BUILDING: _____ B. WING _____	11/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP RECOVERY RESIDENCE	94 WESTMINSTER TERRACE BELLOWS FALLS, VT 05101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensing survey was conducted on 11/1/17 by the Division of Licensing and Protection. There were regulatory findings.	R100		
R135 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to complete an admission assessment for 1 of 3 residents in the sample, Resident #3. Findings include: Record reviews on 11/1/17 presented that Resident #3 had been admitted to the facility on 10/3/16 and the admission assessment is documented as being completed on 10/20/16. The assessment was not completed within the required time per regulations and per interview with the Licensed Practical Nurse at 4:45 PM, s/he confirmed that the assessment had not been completed.	R135	Please see attached	
R136 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment	R136		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Richard Wrase
11/21/17

R135 - R999 POC accepted 11/27/17 BBoisvert RN/PMC

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R136	Continued From page 1 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to complete an annual assessment for 1 of 3 residents in the sample, Resident #3. Findings include: Record review on 11/1/17 presented that Resident #3 had been admitted to the facility on 10/3/16 and the admission assessment is documented as being completed on 10/20/16. The annual assessment was not completed until 10/23/17 which is not within the required time per regulations and per interview with the Licensed Practical Nurse at 6:30 PM, s/he confirmed that the assessment had not been completed in the time frame required.	R136		
R148 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (5) Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the	R148		

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R148	Continued From page 2 facility failed to assure that 1 of 3 residents, Resident #1 had a supporting medical diagnosis or problem for all medications they were receiving and that medications are reviewed periodically. Findings include: Resident #1 medication list includes Proair and Ventolin (both are inhalants used to treat asthma and respiratory related conditions) and per record review and interview with the Licensed Practical Nurse (LPN), the resident's only listed diagnoses are schizophrenia, Bipolar and anxiety. The LPN was unable to find any documentation as to why the resident needed to take the inhalants and confirmed at 6:15 PM that the resident requires a diagnosis to support the reason for the medication.	R148		
R161 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the manager failed to ensure that all medications are handled according to the home's polices. Findings include: Resident #2 has medication orders for Citalopram 40 mg (milligrams) to be given daily. Per review of the medication administration record (MAR) on	R161		

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R161	Continued From page 3 11/1/17, the resident has not received Citalopram since 10/13/17. Per interview with the Licensed Practical Nurse (LPN) at 6:15 PM, Resident #2 had no money to purchase his/her medications and the medication had not been discontinued. Further review presents that the staff assisting with medication administration had not documented the reason the medication was not being administered. The LPN confirmed at this time that documentation on the MAR was not completed per policies.	R161		
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that medications were not administered without a supporting diagnosis or problem statement for 1 of 3 residents, Resident #1. Findings include: Resident #1 medication list includes Proair and Ventolin (both are inhalants used to treat asthma and respiratory related conditions) and per record review and interview with the Licensed Practical Nurse (LPN), the resident's only listed diagnoses are schizophrenia, Bipolar and anxiety. The LPN was unable to find any documentation as to why the resident needed to take the inhalants and	R162		

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R162	Continued From page 4 confirmed at 6:15 PM that the resident requires a diagnosis to support the reason for the medication.	R162		
R188 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have complete information in the resident record for 3 of 3 residents in the sample, Resident #1, 2 and 3. Findings include: Review of the medical records for the residents in the sample presented no evidence of instructions in the event of death. Per interview with the Licensed Practical Nurse (LPN), s/he stated that the residents are of a young age and without medical conditions. S/he further stated that	R188		

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R188	Continued From page 5 reviewing instructions upon death is a difficult subject to approach with the residents because of their ages and confirmed at 4:45 PM that the record does not contain the required information.	R188		
R999 SS=E	MISCELLANEOUS 4.13.c The manager shall not leave the premises without delegating necessary authority to a competent staff person who is at least eighteen (18) years of age. Staff left in charge shall be qualified by experience to carry out the day to day responsibilities of the manager, including being sufficiently familiar with the needs of the residents to ensure that their care and personal needs are met in a safe environment. Staff left in charge shall be full authorized to take necessary action to meet those needs or shall be able to contact the manager immediately if necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to assure that a qualified person was delegated in the absence of the manager. Findings include: Upon arrival at the facility on 11/1/17, this surveyor was informed by a resident specialist (RS), that there was no one in charge today. S/he stated that the manager had the day off and the shift leader, who is next in charge, also had the day off. The Licensed Practical Nurse (LPN) was present, but stated that s/he was unfamiliar with how to obtain the information required for survey and s/he was in charge of the medical portion of the residents. The LPN also stated that the third person in line to carry out the duties of	R999		

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R999	Continued From page 6 the manager was also unavailable. At 10:25 AM confirmation was made by the RS and LPN that there was no one in charge of the house.	R999		

DAIL Survey for Hilltop Recovery Residence **11/21/17**

Conducted on November 1, 2017

By Barbara Bortell, R.N.

Plan of Correction

Rich Wrase, Residential Coordinator Hilltop Recovery Residence

(cell) (802) 591-1838

rwrase@hcrs.org

R135 – When a resident is admitted the nursing Staff will begin the DAIL resident assessment. The RN will complete and sign the resident assessment within 14 days. The nurse manager will provide supervision to the nursing staff to review this process for it to be completed in a timely manner.

R136 – Hilltop conducts a nightly chart audit. The nurses are included on the weekly email with dates when documentation is due. An email will be sent to individual nurses when assessments are up for renewal. We are also looking into a built in notification in our electronic medical record software that will notify the nurses when an upcoming due date is for documentation including the DAIL assessment.

Before a year from resident's admission the nursing staff will begin the DAIL resident re-assessment. The RN will complete and sign the resident re-assessment annually.

R148 – For non-psychiatric diagnosis we have utilized the external provider's documentation which may include orders and diagnosis. Hilltop will begin reconciling all medication orders and diagnoses with the resident's treating Psychiatrist and/or Psychiatrist on-call. Hilltop will add order and diagnosis verification to the medication count that occurs between shifts, currently we were verifying orders and not specifically looking at current diagnosis. Hilltop will also add the verification of order and diagnosis to the nightly audit as well.

R161 – RN will provide a training for med-delegated staff on how to label the MAR when a resident refuses medication due to the resident choosing not to pay the pharmacy and other unique situations that may arise. The nursing staff will follow up with residents when medications are unable to be procured and will speak with the doctor so the doctor can speak with the resident to make a new plan.

R162 – All medication orders will include the supporting diagnosis or problem statement (reason for medication). Hilltop will add order and diagnosis verification to the medication count between shifts. Hilltop will also add the verification of order and diagnosis to the nightly audit.

R188 – A printable face sheet for each resident was created that includes instructions in case of untimely death, and other required information. This plan will be reviewed with each resident upon admission.

R999 – Hilltop will adjust its training to underscore what it means to be in charge of the program and who is in charge throughout the day per our regulations. This will include a visual that will be posted. We will do this through individual supervisions and all staff training. The responsibility for being in charge begins with the Residential Coordinator (licensed Manager) when they are in the building, if the Residential Coordinator is not in the building it is the Shift Leader who is currently working. If neither the Residential Coordinator nor the Shift Leader are available then it is the Residential Specialist point person. This system has been in place for behavioral emergencies and other events and will be re-introduced.